



### Form 20 - Personal Information

Data File: f20\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### Participant ID

**Variable #** 1 **Usage Notes:** none  
**Sas Name:** ID **Categories:** Study: Administration  
**Sas Label:** Participant ID  
**Type:** Continuous

#### F20 Days since randomization/enrollment

**Variable #** 2 **Usage Notes:** none  
**Sas Name:** F20DAYS **Categories:** Study: Administration  
**Sas Label:** F20 Days since randomization/enrollment  
**Type:** Continuous

#### F20 Visit number

Number of the visit where this form was collected.

**Variable #** 3 **Usage Notes:** none  
**Sas Name:** F20VNUM **Categories:** Study: Administration  
**Sas Label:** Visit number  
**Type:** Continuous

#### F20 Contact type

The method used to collect form data.

**Variable #** 4 **Usage Notes:** none  
**Sas Name:** F20CONT **Categories:** Study: Administration  
**Sas Label:** Contact type  
**Type:** Categorical

##### Values

1	Phone
2	Mail
3	Visit
8	Other



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**F20 Highest Grade in School**

What is the highest grade in school you finished? (Mark one.)

**Variable #** 5  
**Sas Name:** EDUC  
**Sas Label:** Highest grade finished in school  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Demographic

**Values**

1	Didn't go to school
10	Master's Degree
11	Doctoral Degree (Ph.D.,M.D.,J.D.,etc.)
2	Grade school (1-4 years)
3	Grade school (5-8 years)
4	Some high school (9-11 years)
5	High school diploma or GED
6	Vocational or training school
7	Some college or Associate Degree
8	College graduate or Baccalaureate Degree
9	Some post-graduate or professional

**F20 Job status - Not working**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Not working

**Variable #** 6  
**Sas Name:** NOTWRK  
**Sas Label:** Currently not working  
**Type:** Categorical

**Usage Notes:** Not collected on all versions of Form 20.  
**Categories:** Demographic: Work  
Lifestyle: Work

**Values**

0	No
1	Yes

**F20 Job status - Retired**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Retired

**Variable #** 7  
**Sas Name:** RETIRED  
**Sas Label:** Currently retired  
**Type:** Categorical

**Usage Notes:** Not collected on all versions of Form 20.  
**Categories:** Demographic: Work  
Lifestyle: Work

**Values**

0	No
1	Yes



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**F20 Job status - Homemaker**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Homemaker, raising children, care of others

Variable # 8

Usage Notes: Not collected on all versions of Form 20.

Sas Name: HOMEMKR

Categories: Demographic: Work  
Lifestyle: Work

Sas Label: Currently homemaker

Type: Categorical

Values

0	No
1	Yes

**F20 Job status - Employed**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Employed (full-time or part-time)

Variable # 9

Usage Notes: Not collected on all versions of Form 20.

Sas Name: EMPLOYED

Categories: Demographic: Work  
Lifestyle: Work

Sas Label: Currently employed (full- or part-time)

Type: Categorical

Values

0	No
1	Yes

**F20 Job status - Disabled**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Disabled, unable to work

Variable # 10

Usage Notes: Not collected on all versions of Form 20.

Sas Name: DISABLED

Categories: Demographic: Work  
Lifestyle: Work

Sas Label: Currently disabled

Type: Categorical

Values

0	No
1	Yes

**F20 Job status - Other**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Other (Specify):

Variable # 11

Usage Notes: Not collected on all versions of Form 20.

Sas Name: OTHWRK

Categories: Demographic: Work  
Lifestyle: Work

Sas Label: Other current job status

Type: Categorical

Values

0	No
1	Yes



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F20 Main job - Homemaker

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Homemaker, raising children, care of others

Variable # 12 Usage Notes: Not collected on all versions of Form 20.
Sas Name: JOBHMMKR Categories: Demographic: Work Lifestyle: Work
Sas Label: Job as homemaker
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F20 Main job - Managerial

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Managerial, professional specialty (Executive, managerial, administrative, professional occupations. Job titles include teacher, guidance counselor, registered nurse, doctor, lawyer, accountant, architect, computer/systems analyst, personnel manager, sales manager, etc.)

Variable # 13 Usage Notes: Not collected on all versions of Form 20.
Sas Name: JOBMANGR Categories: Demographic: Work Lifestyle: Work
Sas Label: Job as managerial, professional
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F20 Main job - Technical, sales

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Technical, sales, and administrative support (Technical and related support occupations, sales, administrative support, clerical work. Job titles include computer programmer/operator, vocational/practical nurse, dental assistant, laboratory technician, sales clerk, cashier, receptionist, secretary, word processor, etc.)

Variable # 14 Usage Notes: Not collected on all versions of Form 20.
Sas Name: JOBTECH Categories: Demographic: Work Lifestyle: Work
Sas Label: Job as technical, sales, admin support
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F20 Main job - Service

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Service (Protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations. Job titles include policewoman, nursing assistant, teaching assistant, child care attendant, maid, cook, waitress, food service clerk, seamstress, etc.)

Variable # 15 Usage Notes: Not collected on all versions of Form 20.
Sas Name: JOBSERV Categories: Demographic: Work Lifestyle: Work
Sas Label: Job as service
Type: Categorical

Values

Table with 1 row: 0 No



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#### F20 Main job - Operator, laborer

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Operators, fabricators, and laborers (Factory, transport, and construction work. Job titles include factory, assembly, truck driver, construction worker, etc.)

**Variable #** 16 **Usage Notes:** Not collected on all versions of Form 20.

**Sas Name:** JOBLABOR **Categories:** Demographic: Work  
Lifestyle: Work

**Sas Label:** Job as operator, fabricator, laborer

**Type:** Categorical

**Values**

0	No
1	Yes

#### F20 Main job - Other

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Other (Specify):

**Variable #** 17 **Usage Notes:** Not collected on all versions of Form 20.

**Sas Name:** JOBOTH **Categories:** Demographic: Work  
Lifestyle: Work

**Sas Label:** Job as other than listed

**Type:** Categorical

**Values**

0	No
1	Yes

#### F20 Current marital status

What is your current marital status? (Mark the one that best describes you.)

**Variable #** 18 **Usage Notes:** none

**Sas Name:** MARITAL **Categories:** Family: Spouse/Partner Demographics

**Sas Label:** Marital status

**Type:** Categorical

**Values**

1	Never married
2	Divorced or separated
3	Widowed
4	Presently married
5	Marriage-like relationship

#### F20 Partner education

If married or living in a marriage-like relationship, which category below best describes the highest level of school your husband (partner) completed? (Mark one.)

**Variable #** 19 **Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".

**Sas Name:** PEDUC **Categories:** Demographic  
Family: Spouse/Partner Demographics

**Sas Label:** Partner highest level of education

**Type:** Categorical

**Values**

1	Didn't go to school
10	Master's Degree



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**F20 Partner job status - Not working**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Not working

Variable # 20

Sas Name: PNOTWRK

Sas Label: Partner currently not working

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

**F20 Partner job status - Retired**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Retired

Variable # 21

Sas Name: PRETIRED

Sas Label: Partner currently retired

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

**F20 Partner job status - Homemaker**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Homemaker, raising children, care of others

Variable # 22

Sas Name: PHOMEMKR

Sas Label: Partner currently homemaker

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

**F20 Partner job status - Employed**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Employed (full-time or part-time)

Variable # 23

Sas Name: PEMPLOY

Sas Label: Partner currently employed

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes



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**F20 Partner job status - Disabled**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Disabled, unable to work

Variable # 24

Sas Name: PDISABLE

Sas Label: Partner currently disabled

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

**F20 Partner job status - Other**

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Other (Specify):

Variable # 25

Sas Name: POTHWRK

Sas Label: Partner currently other job

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".  
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

**F20 Partner main job**

Which statement below best describes your husband's (partner's) job? If not working now, which one best describes your partner's last job? (See Question 8 for descriptions of these jobs.)

Variable # 26

Sas Name: PMAINJOB

Sas Label: Partner's main job

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".

Categories: Family: Spouse/Partner Demographics

Values

1	Homemaker, raising children, other
2	Managerial, professional specialty
3	Technical, sales, administrative support
4	Service
5	Operator, fabricator, and laborers
8	Other

**F20 Total family income**

What was the total family income (before taxes) from all sources within your household in the last year? (Mark the one that is the best guess. This information is important for describing the women in the study as a group and is kept strictly confidential.)

Variable # 27

Sas Name: INCOME

Sas Label: Total family income (before taxes)

Type: Categorical

Usage Notes: none

Categories: Demographic  
Family

Values



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**F20 Have a medical care provider**

Do you have a clinic, doctor, nurse, or physician assistant who gives you your usual medical care?

**Variable #** 28 **Usage Notes:** none  
**Sas Name:** CAREPROV **Categories:** Health Care  
**Sas Label:** Current Health Care Provider  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Days from randomization to last visit**

**Variable #** 29 **Usage Notes:** Sub-question of F20 V4 Q12 "Usual care provider" (skip pattern rule not applied).  
**Sas Name:** LSTVISDY **Categories:** Health Care  
**Sas Label:** Days from rand to last visit  
**Type:** Continuous

**F20 Mammogram ever**

Have you ever had a mammogram (X-ray of the breasts to look for cancer)?

**Variable #** 30 **Usage Notes:** none  
**Sas Name:** MAMMO **Categories:** Health Care: Screening  
**Sas Label:** Mammogram ever **Medical History:** Breast  
**Type:** Categorical **Medical History:** Cancer

**Values**

0	No
1	Yes

**F20 Days from randomization to last mammogram**

**Variable #** 31 **Usage Notes:** Sub-question of F20 V4 Q13 "Mammogram ever" (skip pattern rule not applied).  
**Sas Name:** LSTMAMDY **Categories:** Health Care: Screening  
**Sas Label:** Days from rand to last mammogram **Medical History:** Breast  
**Type:** Continuous **Medical History:** Cancer

**F20 Pap smear ever**

Have you ever had a Pap smear (a cancer check done during a female exam)?

**Variable #** 32 **Usage Notes:** Not collected on all versions of Form 20.  
**Sas Name:** PAPSMEAR **Categories:** Health Care: Screening  
**Sas Label:** Pap smear ever **Medical History:** Cancer  
**Type:** Categorical **Medical History:** Reproductive

**Values**

0	No
1	Yes
9	Don't know



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**F20 Days from randomization to last pap smear**

**Variable #** 33  
**Sas Name:** LSTPAPDY  
**Sas Label:** Days from rand to last pap smear  
**Type:** Continuous

**Usage Notes:** Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).  
Not collected on all versions of Form 20.  
**Categories:** Health Care: Screening  
Medical History: Cancer  
Medical History: Reproductive

**F20 Abnormal Pap in last 3 years**

Have you had an abnormal Pap smear in the last 3 years?

**Variable #** 34  
**Sas Name:** ABNPAP3Y  
**Sas Label:** Abnormal Pap smear last 3 years  
**Type:** Categorical

**Usage Notes:** Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).  
Not collected on all versions of Form 20.  
**Categories:** Health Care: Screening  
Medical History: Cancer  
Medical History: Reproductive

**Values**

0	No
1	Yes

**F20 Cervical dysplasia ever**

Have you ever been told you had cervical dysplasia (abnormal changes of the cervix that may or may not be early signs of cancer)?

**Variable #** 35  
**Sas Name:** CERVDYS  
**Sas Label:** Cervical dysplasia ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).  
Not collected on all versions of Form 20.  
**Categories:** Medical History: Cancer  
Medical History: Reproductive

**Values**

0	No
1	Yes

**F20 Aspiration ever**

Have you ever had a test called a "uterus biopsy," "endometrial aspiration," or "D & C"? (This is done in a doctor's office or clinic where a small part of the lining of the uterus or womb is tested. These tests are different from a Pap smear or a colposcopy.)

**Variable #** 36  
**Sas Name:** ENDOASP  
**Sas Label:** Endometrial aspiration ever  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Health Care: Screening  
Medical History: Cancer  
Medical History: Reproductive

**Values**

0	No
1	Yes

**F20 Days from randomization to last aspiration**

**Variable #** 37  
**Sas Name:** LSTASPDY  
**Sas Label:** Days from rand to last aspiration  
**Type:** Continuous

**Usage Notes:** Sub-question of F20 V4 Q15 "Aspiration ever".  
**Categories:** Health Care: Screening  
Medical History: Cancer  
Medical History: Reproductive



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**F20 Pre-paid private insurance**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Pre-paid private insurance (for example: Health Maintenance Organization, Kaiser Permanente, or other Group Health-type plan)

**Variable #** 38 **Usage Notes:** none  
**Sas Name:** HMOINS **Categories:** Health Care: Insurance  
**Sas Label:** Pre-paid private insurance  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Other private insurance**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Other private insurance (for example: Blue Cross, Aetna, etc.)

**Variable #** 39 **Usage Notes:** none  
**Sas Name:** OTHPRVIN **Categories:** Health Care: Insurance  
**Sas Label:** Private insurance (other than pre-paid)  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Medicare**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Medicare

**Variable #** 40 **Usage Notes:** none  
**Sas Name:** MEDICARE **Categories:** Health Care: Insurance  
**Sas Label:** Medicare  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Medicaid**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Medicaid (for example: Medical Assistance or DPA)

**Variable #** 41 **Usage Notes:** none  
**Sas Name:** MEDICAID **Categories:** Health Care: Insurance  
**Sas Label:** Medicaid  
**Type:** Categorical

**Values**

0	No
1	Yes



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**F20 Military or Veterans Admin**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Military or Veterans Administration-sponsored

**Variable #** 42 **Usage Notes:** none  
**Sas Name:** MLTRYINS **Categories:** Health Care: Insurance  
**Sas Label:** Military or VA insurance  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 No insurance**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) No insurance

**Variable #** 43 **Usage Notes:** none  
**Sas Name:** NOINS **Categories:** Health Care: Insurance  
**Sas Label:** No insurance  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Other insurance type**

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Other

**Variable #** 44 **Usage Notes:** none  
**Sas Name:** PAYOTH **Categories:** Health Care: Insurance  
**Sas Label:** Other insurance than listed  
**Type:** Categorical

**Values**

0	No
1	Yes

**F20 Served in U.S. Armed Forces**

Have you served in the U.S. armed forces on active duty for a period of 180 days or more?

**Variable #** 45 **Usage Notes:** Not collected on all versions of Form 20.  
**Sas Name:** USSERVE **Categories:** Demographic  
**Sas Label:** Served in US armed forces  
**Type:** Categorical

**Values**

0	No
1	Yes



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**F20 Ever used VA medical center**

Have you ever made use of a VA Medical Center?

**Variable #** 46  
**Sas Name:** VAMEDCTR  
**Sas Label:** Used a VA medical center ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F20 V4 Q17 "Served in U.S. Armed Forces".  
Not collected on all versions of Form 20.  
**Categories:** Health Care: Insurance

**Values**

0	No
1	Yes

**Occupation**

Computed from Form 20, questions 8.1-8.8. Categorizes participants occupation into one of four groups (managerial/professional, technical/sales/administrative, homemaker only, or service/labor).

**Variable #** 47  
**Sas Name:** MAINJOB  
**Sas Label:** Occupation  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Demographic: Work  
Lifestyle: Work

**Values**

1	Managerial / Professional
2	Technical / Sales / Admin
3	Service / Labor
4	Homemaker only

**No mammogram last 2 years**

Computed from Form 20, questions 13 and 13.1. Indicates if a participant did NOT have a mammogram in the past two years.

**Variable #** 48  
**Sas Name:** NOMAM2YR  
**Sas Label:** No mammogram in last 2 years  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Health Care: Screening  
Medical History: Breast

**Values**

0	Mammogram within 2 years
1	No mammogram within 2 years

**No pap smear last 3 years**

Computed from Form 20, questions 14 and 14.1, and Form 2, question 18. Indicates if a participant did NOT have a pap smear in the past three years. Missing if a participant has been hysterectomized.

**Variable #** 49  
**Sas Name:** NOPAP3YR  
**Sas Label:** No pap smear in last 3 years  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Health Care: Screening  
Medical History: Reproductive

**Values**

0	Pap within 3 years
1	No pap within 3 years



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**Time Since Last Medical Visit (months)**

Computed from Form 20, questions 12, 12.2 and 18. Time in months since last visit to participant's usual medical care provider.

**Variable #** 50 **Usage Notes:** none  
**Sas Name:** TIMELAST **Categories:** Computed Variables  
**Sas Label:** Time Since Last Medical Visit (months) Health Care  
**Type:** Continuous

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**Last medical visit within 1 year**

Computed from Form 20, questions 12, 12.2 and 18. Indicator of whether participant reported visiting her usual medical care provider within the last year.

**Variable #** 51 **Usage Notes:** none  
**Sas Name:** TIMELSTS **Categories:** Computed Variables  
**Sas Label:** Last Medical Visit within 1 Year Health Care  
**Type:** Categorical

**Values**

0	No
1	Yes

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**Any insurance**

Computed from Form 20, question 16. Indicator for whether the participant has any medical insurance.

**Variable #** 52 **Usage Notes:** none  
**Sas Name:** ANYINS **Categories:** Computed Variables  
**Sas Label:** Any Insurance Health Care: Insurance  
**Type:** Categorical

**Values**

0	No
1	Yes

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